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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/783,243
Filing Date: February 20, 2004
Inventor: Steven Armstrong
Group Art Unit: Not yet assigned
Examiner: Not yet assigned
Title: Rekeyable Lock Assembly
Attorney Docket: 5645-03-A

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE TO FILE
CORRECTED APPLICATION PAPERS**

Sir:

In response to the Notice to File Corrected Application Papers mailed May 17, 2004, please amend the above-identified patent application as follows:

Amendments to the specification begin at page 2.

Amendments to the drawings begin at page 3.



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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/783,243	
	Filing Date	February 20, 2004	
	First Named Inventor	ARMSTRONG, Steven	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	5645-03-A

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Richard J. Veltman
Signature	
Date	7/15/2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Annette Korbach		
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